

IN CASE OF EMERGENCY

Use this document to record key medical information in case of an emergency.

You can keep the completed document in you wallet or car where it may be accessed by first responders.

Produced by the
ACT Ambulance Service



Name:

Last updated (date):

Residential address:

Date of birth:

___ / ___ / ____

Sex at birth:

Personal phone number:

Gender:

Preferred language:

Concession or
pension number:

Allergies & reactions:

Religion:

Medicare number:

Do you identify as
Aboriginal and/or
Torres Strait Islander:

Private health
fund and number:

☐ Yes ☐ No

Next of kin name:

Contact

Emergency contact name:

Contact:

Current Legal Guardian or Medical Power of Attorney:

Contact:

General Practitioner:

Contact:

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Attach specialist care plans and/or advanced care directives.

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